

MDR Tracking Number: M5-04-1510-01 (**Previously M4-03-1917-01**)

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution – General and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a dispute resolution review was conducted by the Medical Review Division regarding a medical payment dispute between the requestor and the respondent named above. This dispute was received on 12-13-02.

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective September 1, 1993 and Commission Rule 133.305 titled Request for Medical Dispute Resolution, a dispute resolution review was conducted by the Medical Review Division

This AMENDED FINDINGS AND DECISION supersedes M4-03-1917-01 rendered in this Medical Payment Dispute involving the above requestor and respondent.

The Medical Review Division's Decision of 12-17-03 was appealed and subsequently withdrawn by the Medical Review Division applicable to a Notice of Withdrawal of 1-15-04. The Requestor appealed the Decision to an Administrative Hearing on 1-6-04 because the MRD omitted dates of service 3-27-02 through 5-31-02.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97265, 97750MT, 95851, and 99080-73 rendered from 2-27-02 through 5-31-02.

II. FINDINGS

a. Requestor:

On 12-15-03, the requestor withdrew date of service 3-26-02.

On 10-26-04, the requestor withdrew CPT code 97265 rendered on 3-20-02.

b. Respondent:

"It is this carrier's position the charges for range of motion testing (95851) and manual muscle testing (97750-MT) for DOS 03/11/02 and 03/20/02 are global to the chiropractic office visit.

However, the charges for dates of service 03/26/02 thru 05/31/02 were denied as UNNECESSARY. Exhibit 3...It is this carrier's position the Commission has NO JURISDICTION to proceed with review of charges for dates of service 03/26/02 thru 05/31/02.

The requester did not provide copies of bills or the EOBs. It is particularly interesting to note the requester alleges EOBs were not received for dates of service denied as NOT MEDICALLY NECESSARY.”

II. RATIONALE

- a. The respondent’s Exhibit 3 consists of a table that identifies the invoice number, date of service, procedure code and denial code. It is not a TWCC approved TWCC-62; therefore, will not be considered as an EOB.
- b. No EOB: Neither party in the dispute submitted EOBs for some of the disputed services identified below. Since the insurance carrier did not raise the issue in their response that they had not had the opportunity to audit these bills and did not submit copies of the EOBs, the Medical Review Division will review these services per *Medical Fee Guideline*.
- c. Rationale for 97110:

Recent review of disputes involving one-on-one CPT code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this code both with respect to the medical necessity of one-on – one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes “one-on-one.” Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The therapy notes for these dates of service do not support any clinical (mental or physical) reason as to why the patient could not have performed these exercises in a group setting, with supervision, as opposed to one-to-one therapy. The Requestor has failed to submit documentation to support reimbursement in accordance with the 1996 MFG and 133.307(g)(3). Therefore, reimbursement is not recommended.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
2-27-02 2-28-02 3-1-02 3-4-02 3-5-02 3-7-02 3-8-02 3-11-02 3-12-02 3-14-02 3-19-02 3-21-02 3-22-02	97265	\$43.00	\$0.00	G	\$43.00	CPT Code Descriptor	The CPT descriptors identify manipulation and joint mobilization as separate procedures with separate CPT codes and separate reimbursement amounts. Medicine GR (I)(C)(3) requires joint mobilization to be billed with CPT code 97265; therefore, reimbursement of \$43.00 X 13 dates = \$559.00.
3-11-02	97750MT	\$43.00	\$0.00	G	\$43.00 / body area	Medicine GR (I)(A)(8)	The medicine GR discuss this testing is included in the office visit, pertain to physical therapist and occupational therapist billing. When a doctor performs this testing with equipment in an office visit, it's a separately reimbursable test. Reimbursement of \$43.00 is recommended.
3-11-02 3-20-02	95851	\$36.00	\$0.00	G	\$36.00	Medicine GR (I)(A)(8)	The medicine GR discuss this testing is included in the office visit, pertain to physical therapist and occupational therapist billing. When a doctor performs this testing with equipment in an office visit, it's a separately reimbursable test. Reimbursement of \$36.00 X 2 dates = \$72.00 is recommended.
3-27-02	99213	\$48.00	\$0.00	No EOB	\$48.00	CPT Code Descriptor	MAR reimbursement of \$48.00 is recommended.
3-27-02 3-28-02 3-29-02 4-2-02 4-3-02 4-5-02 4-10-02 4-11-02 4-12-02 4-17-02 4-18-02 4-19-02 4-23-02 4-25-02 4-26-02 4-30-02	97265	\$43.00	\$0.00	No EOB	\$43.00	CPT Code Descriptor	MAR reimbursement of \$43.00 X 19 dates = \$817.00 is recommended.

5-1-02 5-2-02 5-3-02							
3-27-02 3-28-02 3-29-02 4-2-02 4-3-02 4-5-02 4-10-02 4-11-02 4-12-02 4-17-02 4-18-02 4-19-02 4-23-02 4-25-02 4-26-02 4-30-02 5-1-02 5-2-03 6-3-02	97250	\$43.00	\$0.00	No EOB	\$43.00	CPT Code Descriptor	MAR reimbursement of \$43.00 X 19 dates = \$817.00 is recommended.
3-27-02 3-28-02 3-29-02 4-2-02 4-3-02 4-5-02 4-10-02 4-11-02 4-12-02 4-17-02 4-18-02 4-19-02 4-23-02 4-25-02 4-30-02 5-1-02 5-2-02 5-3-02	97122	\$35.00	\$0.00	No EOB	\$35.00	CPT Code Descriptor	MAR reimbursement of \$35.00 X 18 dates = \$630.00 is recommended.
3-27-02 3-28-02 3-29-02 4-2-02 4-3-02 4-5-02 4-10-02 4-11-02 4-12-02 4-17-02 4-18-02 4-19-02 4-23-02 4-25-02 4-26-02 5-1-02 5-2-02	97110 (3)	\$105.00	\$0.00	No EOB	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	No reimbursement is recommended.

5-3-02							
3-28-02	99213MP	\$48.00	\$0.00	No EOB	\$48.00	Medicine GR (I)(B)(1)(b)	MAR reimbursement of \$48.00 X 18 dates = \$864.00.
3-29-02							
4-2-02							
4-3-02							
4-5-02							
4-10-02							
4-11-02							
4-12-02							
4-17-02							
4-18-02							
4-19-02							
4-23-02							
4-25-02							
4-26-02							
4-30-02							
5-1-02							
5-2-02							
5-3-02							
4-5-02	95851	\$36.00	\$0.00	No EOB	\$36.00	CPT Code Descriptor	MAR reimbursement of \$36.00 is recommended.
4-23-02	97750MT	\$43.00	\$0.00	NO EOB	\$43.00	Medicine GR (I)(E)(3)	MAR reimbursement of \$43.00 is recommended.
5-31-02	99080-73	\$15.00	\$0.00	No EOB	\$15.00	Rule 129.5 Rule 133.106	MAR reimbursement of \$15.00 is recommended.
TOTAL							Reimbursement of \$3944.00 is recommended.

III. AMENDED DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, 97265, 97250, 97122, 99213, 99213MP, 99080, 95851 and 97750MT, amount of **\$3944.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$3944.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Amended Findings, Decision and Order are hereby issued this 15th day of November 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division